

RICKETTS (B.M.)

VARICOCELE,

*With a Report of Nineteen Radical
Operations, and the Different Ways
in which they were done.*

BY

B. MERRILL RICKETTS, M.D.,
Surgeon of St. Vincent's Hospital
CINCINNATI, OHIO.

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VARICOSITY of the spermatic vein, especially the left one, is quite a common occurrence. There are many reasons assigned as being the cause, but I think the most plausible one is its anatomical relation to the rectum and the influence of faecal masses pressing upon it. These varicose veins increase both in number and size until they become greatly distended and hold great quantities of venous blood when their possessor stands erect. There is a sensation of weight, producing great discomfort at times and occasionally sharp lancinating pains. The scrotum becomes redundant and in a few cases extends almost to the knee. I myself have seen three that reached to the lower third of the thigh. In cases of long standing the pressure upon the veins is sufficient to produce atrophy of the testicle, thus necessarily destroying its usefulness, so that the operation is not always the cause of sterility.

* Read before the Cincinnati Academy of Medicine.

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From time immemorial various operations have been resorted to for the purpose of destroying these veins and preventing their return. One of the first was the subcutaneous operation, which is now performed but by a few surgeons. Among this number is Dr. Edward L. Keyes, of New York, who seems to be satisfied with the results. He believes it the ideal operation, claiming for it less suffering, less loss of time, with greater dispatch, and without danger to either the testicle or the patient. I think I am safe in saying that the principal reason for the operation going into disrepute is the great danger of the spermatic artery being destroyed, for surely an operator can not follow the point of the needle with his eye. It must necessarily be done with the sense of touch. Then the injections of quercus alba, carbolic acid, tincture of iodine, perchloride of iron, and permanganate of potassium have all been thoroughly tried and found wanting. They were injected into the veins for the purpose of producing an acute inflammatory process which would destroy their walls. I do not believe that two per cent. of those operated upon ever experienced radical results. These injections are attended with great risks of abscesses, phlebitis, and constitutional disturbances of a dangerous nature; then the remaining ninety-eight per cent. of all the patients operated upon experience greater trouble after these injections than before. I have recently operated upon four of these subjects who had been treated with the injections of iodine and quercus alba. In each case there were hard masses of veins which had not been absorbed and around which the smaller ones had become greatly distended, so that I am thoroughly convinced of the fallacy of this operation.

Within the last ten years the radical operation, which consists of the removal of these veins *in toto*, has been adopted. To my mind this has been the most rational

means of destroying varicosity of the spermatic veins; consequently it was not until this radical operation of ligating and cutting *en masse* was introduced that I was willing to adopt operative procedures for the relief of varicocele.

Of the nineteen operations that I have done there has been the loss of but one testicle. Here the varicosity was extensive and the testicle of not more than one third the size of its mate. The operation resorted to was double ligation of the mass at points about half an inch distant, its removal, and bringing the stumps together with silk. This was done under the influence of chloroform and the recovery was uninterrupted, except for a slight rise of temperature, which lasted for three days.

I have done the operation in the following ways:

1. Single ligature without cutting.
2. Double ligature without cutting.
3. Double ligature with one incision between.
4. Double ligature with the removal of the intervening mass.
5. Ligating the veins separately.
6. Clamping the veins and applying the cautery.
7. Median amputation of the scrotum (lower portion).
8. Lateral amputation of the scrotum.

So that I feel that I am prepared to choose from these operations the one most desirable to do and the one most beneficial and with least loss of time to the patient. I have used both silk and catgut ligatures, and am now free to say that I prefer the latter to the former, although I have occasionally observed slight suppuration with the catgut. I have not yet been able to do the operation with silk ligatures in such a way that they would not sooner or later work their way out; so that I would not do the operation with silk if the catgut could be had. In three cases I have had the temperature go as high as 102° F. and range from

that to 101° for three or four days and then gradually and rapidly subside. There have not yet been any unpleasant complications arising from the operation, although in three or four cases it was three months before the silk ligatures escaped. I have thought within the last year that the ideal operation would be to clamp and cauterize the varicosities as is done in hæmorrhoids about the anus, and upon the suggestion of Dr. F. W. Langdon this has been done; but I find after doing the operation that it is thus far unsatisfactory. I shall, however, resort to it again and see if the fault does not lie in myself more than in the means adopted.

The operation that I have now decided upon and would most earnestly advocate is to inject a solution of cocaine in the field of incision, cut down upon the veins, apply two catgut ligatures half an inch distant, divide with a knife, and bring the stumps together with a single catgut suture. The parts are then returned and the external wound closed by continuous catgut or silk and dressed with boric acid. I do not now find it necessary to administer an anæsthetic of any kind to produce unconsciousness, having found that injections of cocaine will enable a painless operation to be done.

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